

## Authorization Agreement for Direct Payments

(To be completed by a customer service representative)

### Transit/Routing

ABA Number

Account Number

Utility Account Number

Date Received

Prenotification Date

First Payment Date



# DIRECT DEBIT

## **AUTOMATED UTILITY BILL PAYMENT IS...**

### **CONVENIENT**

Replaces writing checks and  
mailing your utility bill payments

### **A MONEY SAVER**

Eliminates postage, check costs  
and late fees

### **RELIABLE**

Your bills are always paid on time

### **SAFE**

Prevents payments from  
being lost or stolen in the mail

*Sign Up Today!*





# DIRECT DEBIT

## ABOUT DIRECT DEBIT

This method of payment automatically pays your utility bill directly from your bank account without the use of paper checks. After signing up for this payment option, you will still receive a utility bill but the payment of your utility bill will be handled automatically. Your payment will automatically be deducted from your bank account on the due date.

Should you have any additional questions about the direct debit program, please contact Customer Accounts at 425.587.3150 or email us at [utilitybilling@kirklandwa.gov](mailto:utilitybilling@kirklandwa.gov).

## FREQUENTLY ASKED QUESTIONS

### 1. How do I sign up?

Complete the authorization form (opposite panel), cut along the dotted line, enclose a voided check, and mail both items to:  
City of Kirkland Utility Billing  
123 5th Avenue  
Kirkland, WA 98033

### 2. Will I still receive a bill statement?

You will continue to receive your statement which will reflect the amount due, and the due date when your account will be debited.

### 3. When will my direct debit start?

The debit authorization must be received 3 weeks prior to the normal billing period to be implemented on that billing.

### 4. What if my payment is dishonored or returned?

If your payment is dishonored or returned, the amount of the payment plus the normal \$25 returned item fee will be added to your account.

### 5. What if I want to stop this program?

You may cancel your direct debit authorization at any time by notifying us in writing at least 2 weeks prior to your next billing.

## Authorization Agreement for Direct Payments

Date: \_\_\_\_\_ ☐ New Request ☐ Change

(Please Print)

Kirkland Utility Account Number

Name (First, Middle, Last)

Co-applicant's Name if Joint Account (First, Middle, Last)

Service Address

Daytime Phone (Area Code)

I hereby authorize the City of Kirkland to automatically withdraw funds from my ( ) checking ( ) savings account (select one) named below and the financial institution named below to pay my utility bills directly to the City of Kirkland. I require no additional notices prior to action being taken on this authorization. In the event of an incorrect amount or entry, I authorize the City to reverse this transaction.

Financial Institution

Financial Institution's Address

Checking/Savings Account Number

This authorization is to remain in full force and effect until the City of Kirkland has received written notification from me of its termination in such time and in such manner as to afford the City of Kirkland and Financial Institution a reasonable opportunity to act on it.

Signed

Date



Please attach a voided check